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Our Case No. 10022/221

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	
	)	
G. Victor Guyan et al.	)	
	)	Examiner: Bashore, Alain L.
Serial No. 09/667,612	)	
	)	Group Art Unit No. 1762
Filing Date: September 22, 2000	)	
	)	
For PROVIDING EVALUATION AND	)	
PROCESSING OF LINE ITEMS	)	
	)	
	)	

**APPEAL BRIEF**

Mail Stop Appeal Brief-Patents  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Appeal is in response to the Office Action mailed November 15,  
2005<sup>123</sup>.

<sup>1</sup> Appellants are filing a Notice of Appeal concurrently with the present Appeal Brief. Since the Notice of Appeal was filed within three months of the mailing date of the Office Action and the present Appeal Brief is being filed within two months of the filing of the Notice of Appeal, the present Appeal Brief is timely filed.

<sup>2</sup> The Office Action mailed November 15, 2005 is a non-Final Office Action. Since the Office Action presents a second rejection for the claims that were pending as of November 15, 2005, Appellants have the right to appeal the rejections made in the Office Action pursuant to 37 C.F.R. § 41.31(a)(1).

<sup>3</sup> Appellants filed a Response on October 13, 2005. In that Response, Appellants objected to the Office Action mailed on July 13, 2005, because the Examiner did not respond to any of Appellants' arguments made in Appellants' Amendment filed on January 6, 2005 which was contrary to 37 C.F.R. § 1.104 and MPEP § 707.07(f). A review of the Office Action mailed on November 15, 2005 reveals that the Examiner has not even come close to answering each of Appellants' arguments presented in previous Amendments and Responses. Accordingly, the present Appeal Brief is being filed in order to have Appellants' arguments considered by the Board of Patent Appeals and Interferences.

**I. REAL PARTY IN INTEREST**

It is believed that Accenture L.L.P. is the real party of interest in this Appeal pursuant to the following: 1) a recorded assignment of the above-identified application to Andersen Consulting executed by both of the inventors of record and 2) a recorded name change from Andersen Consulting to Accenture L.L.P.

**II. RELATED APPEALS AND INTERFERENCES**

The undersigned, John C. Freeman, is not aware of any other appeals, interferences or other judicial proceedings that may be related to, would directly affect or be directly affected by or have a bearing on the Board's decision in the pending Appeal.

**III. STATUS OF CLAIMS**

The status of the claims is as follows:

Claims 4, 18 and 32 are canceled.

Claims 1-3, 6-9, 11-17, 20-23, 25-31, 34-37 and 39-55 are rejected under 35 U.S.C. § 103(a) for being obvious in view of U.S. Patent No. 5,950,169 to Borghesi et al., U.S. Patent Application Publication No. 2001/0011222 to

McLauchlin et al. and U.S. Patent No. 6,578,014 to Murcko, Jr.<sup>4</sup>,

Claims 10, 24 and 38 are rejected under 35 U.S.C. § 103(a) for being obvious in view of Borghesi et al., McLauchlin et al. Murcko, Jr. and U.S. Patent No. 6,076,066 to DiRienzo et al.

Claims 5, 19 and 33 have been objected to for depending on rejected claims, but otherwise would be allowable once placed in independent form.

The above-mentioned rejections of claims 1-3, 6-17, 20-31 and 34-55 are the subject of this Appeal.

#### **IV. STATUS OF AMENDMENTS**

An Amendment was filed on May 17, 2002 regarding a Final Office Action mailed on March 18, 2002. An Advisory Action was mailed on June 17, 2002 which indicated that the Amendment would not be entered. A Request for Continued Examination was filed on July 16, 2002 which resubmitted the Amendment filed on May 17, 2002. The Amendment was entered in view of the filing of the Request for Continued Examination.

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<sup>4</sup> The first page of the Office Action has listed claims 6 and 7 as being rejected. However, the remaining portion of the Office Action has failed to provide a rejection for the claims. Since there are similar claims (20, 21, 34 and 35) that have been rejected, Appellants will assume that claims 6 and 7 were meant to be rejected by the same references that were used to reject claims 20, 21, 34 and 35.

## **V. SUMMARY OF CLAIMED SUBJECT MATTER**

An understanding of the invention of independent claims 1, 15, 29 and 44 can be made upon a review of the embodiments of the invention shown in Figs. 1-4, 7 and 10 of the specification. Note that in the description to follow, like elements will employ identical identification numerals.

Fig. 1 shows a pictorial diagram of a computer network 100 that includes personal or workstation computers (such as computers 110 and 120) and system or enterprise computers (such as servers 130, system 150, and system 140) (P. 5, ll. 20-22). In general, personal computers or workstations are the sites at which a human user operates the computer to make requests for data from other computers or servers on the network (P. 5, l. 22 – P. 6, l. 2).

Note that in the description to follow, the terms “client” and “server” are used to refer to a computer's general role as a requester of data (client) or provider of data (server) (P. 6, ll. 5-6). In addition, computers referred to as “system” refer to computers whose general purpose may be as both requesters of data or providers of data (P. 6, ll. 6-8).

A client, such as claimant client 110, may request information from insurance host server 130 (P. 6, ll. 13-14). In this case, data from insurance host server 130 is transferred through the network 100 to claimant client 110 (P. 6, ll.

14-15).

Insurance host server 130 maintains a database of claim folder information (P. 6, ll. 21-22). Claimant client 110 accesses insurance host server 130 to update, enter, or review claim folder information (P. 6, ll. 22-23). Claim handler client 120 accesses insurance host server 130 in order to review, evaluate, and/or fulfill claim folder data (P. 6, l. 23 – P. 7, l. 2). Vendor system 150 interconnects to insurance host server 130 through network 100 in order to: receive order placement from insurance host server 130; update database information to insurance host server 130; respond to database access requests from insurance host server 130; and update or respond to status information from insurance host server 130 (P. 7, ll. 2-6). Insurance back office system 140 interfaces to insurance host server 130 in order to: receive check requests from insurance host server 130 and update insurance host server 130 as to the status of checks cut from the system (P. 7, ll. 6-8).

Fig. 2 shows a computer network containing an insurance host server 130 and a claimant client 110 (P. 7, ll. 16-17). In this example, a claimant client 110 is interconnected through network 100 to the insurance host server 130 (P. 7, ll. 17-18). Claimant client 110 includes conventional components, such as processor 205 and memory 215 (P. 7, ll. 18-20).

Insurance host server 130 includes conventional components, such as

processor 235 and memory 245 (P. 8, ll. 7-8).

It will be appreciated from the description below, that the present invention may be implemented in software which is stored as executable instructions on a computer readable medium on the client server and systems, such as mass storage devices 225 and 255, respectively, or in memories 215 and 245, respectively (P. 8, ll. 20-23).

Fig. 3 illustrates the hierarchy of the various levels within a claims folder (P. 9, l. 4). First, it is useful to define some terms. An insured is one who is insured by the policy; a claimant is one who is making a claim against the policy (P. 9, ll. 5-6).

The electronic claims folder 300 contains all of the policy information, information about the insured, and information about claims for a given client (P. 9, ll. 11-13). Within a claims folder 300 are one or more policy levels 310 and 320 (P. 9, ll. 13-14). The policy level 320 contains all the information relevant for a given policy (P. 9, ll. 14-15). For example, the policy level for an auto insurance policy contains information about the various coverages, such as collision, medical, comprehensive, and the deductibles (P. 9, ll. 15-17).

Below policy level 320 is insured level 330 (P. 10, l. 1). Insured level 330 contains all information relevant about the insured (P. 10, ll. 1-2). For instance, the insured level contains the insured's name, address, date of birth, number of

dependents, emergency contact information, and all information relevant to the insured for that particular policy (P. 10, ll. 2-4).

Below the insured level 330 is the claim level 340 (P. 10, l. 11). The claim level 340 has general information about the claim raised against the policy (P. 10, ll. 11-12). The claim level 340 may include the date of the claim, the nature of the claim, and general information relevant to the type of claim (P. 10, ll. 12-14).

The claimant level 350 is below and within the claim level 340 and has full details about the claimant (P. 10, ll. 17-18). The claimant's name, address, phone numbers, and other general contact information is within this level (P. 10, ll. 18-19).

Below and within the claimant level 350 is the line level 360 which details the various types of claimed damages levied by a particular claimant (P. 11, ll. 3-4). In the case when a single claimant has multiple types of claims, each claim is represented by different lines within the line level (P. 11, ll. 4-5 and 6-7).

The line item level 370 lies within the line level 360 and includes detailed line items, or line item data, for each claim against a particular line in the line level 360 (P. 11, ll. 8-10). For instance, a property theft line claim includes line item data for each piece of property stolen (P. 11, ll. 10-12).

Fig. 4 illustrates the three processes that run inside line item level 370 (P.

11, I. 19). One of the three processes is the evaluation of line item data process 420 which presents line item data to a claim handler at claim handler client 120 and authorizing the payment and processing of line item data (P. 11, II. 22-23).

Fig. 7 is a flowchart illustrating the evaluation of line item data process 420 (P. 19, I. 2). Initially, a claim handler operating claim handler client 120 logs onto the insurance host server 130 (step 700) (P. 19, II. 6-7). Once logged on, the claim handler tunnels down through the claims folder until he reaches the line item level for the particular policy/claim/claim level/line level of interest (P. 19, II. 7-9). Upon reaching the line item level, the line item database for that level is displayed (step 705) (P. 19, II. 9-10). If a claim handler double clicks on a particular piece of line item data (step 717), a display detail screen is served (step 719) (P. 19, II. 13-14). The display detail screen contains all of the evaluation information already entered for the line item, and the claim handler may update or change the evaluation information (P. 19, II. 15-16).

If an item is selected, the claim handler may choose one of three options (step 740): first, he may execute a vendor transfer (step 745); second, he may execute a line item payment (step 750); and, third, he may execute a preauthorized payment (step 755) (P. 20, II. 8-10). An explanation of the execute preauthorized payment process follows.

Fig. 10 illustrates the execute preauthorized payment process 755 (P. 22,



I. 18). The execute preauthorized payment process can be entered by the claim handler either with an item selected or without an item selected (P. 22, II. 18-20). The preauthorized payment screen is displayed (step 1005) (P. 22, II. 20-21). The preauthorization screen displays the claimant level information, a list of authorized vendors, a list of any excluded vendors, and other appropriate information (P. 22, II. 21-22). Next, the claim handler selects which authorized vendors are going to be preauthorized for the line's inventoried damages (step 1010) and, in addition, the claim handler indicates whether further authorization is required (step 1015) (P. 22, I. 23 – P. 23, I.2). If no authorization is required, then the claim handler proceeds to authorization (step 1035) (P. 23, II. 2-3).

Once the claim handler authorizes, the insurance host server 130 examines all entries in the line item level database for that line level and preauthorizes all line item level entries meeting the authorization criteria (P. 23, II. 16-18). When the fulfillment of line item data process 430 occurs, the line items preauthorized are placed in a purchase order sent from the insurance host server 130 to vendor system 150 informing the vendors of the preauthorization (P. 23, II. 18-21).

Note that vendors may be generic vendors, a parent vendor, or a franchise vendor (P. 24, II. 13-14). If a vendor is a parent vendor, this indicates that they are in a franchiser relationship with other franchisee vendors (P. 24, II.

14-15). The default setting is for a vendor to be a generic vendor (P. 24, ll. 15-16). If a vendor is selected as a franchise vendor, the claim handler has the option of finding the parent vendor to affiliate this vendor with (P. 24, ll. 16-18). The vendor database information includes the name of the vendor, the address, the type of products that this vendor supplies, phone numbers, e-mail address, as well as tax ID numbers, and the type of organization (P. 24, ll. 18-20).

Once the vendor is added to the system in process 1120, the upgrade to preferred vendor process 1125 can be run to upgrade the vendor to preferred status (P. 25, ll. 2-3).

In addition, the vendor's maintenance process 1115 also includes detailed listing of the vendor's products and services offered (P. 25, ll. 22-23).

In process 1125, the claim handler may opt to upgrade the vendor to a preferred vendor (P. 26, ll. 10-11). Preferred vendors are given preference when executing vendor transfers or preauthorized payment (P. 26, ll. 11-12).

Generally, only preferred vendors appear on the claim handler interface when giving the claim handler the option of using the execute vendor transfer or execute preauthorized payment options (P. 26, ll. 12-14). In addition to processes 1115, 1120 and 1125, the vendor database can also be queried so that the claim handler can quickly locate a vendor to make changes, upgrades, or to delete the vendor from the system (P. 26, ll. 14-16).

There are no means-plus-function terms or step-plus-function terms in independent claims 1, 15, 29, 44 and dependent claims 6, 7, 9-11, 13, 20, 21, 23-25, 27, 29, 34, 35, 37, 39, 41, 45, 46, 48, 49-51, 53 and 54, which are argued separately below in Section VII.

## **VI. GROUND OF REJECTION TO BE REVIEWED ON APPEAL**

There are two grounds of rejection presented for review:

1) the rejection of claims 1-3, 6-9, 11-17, 20-23, 25-31, 34-37 and 39-55 for being obvious under 35 U.S.C. § 103(a) in view of Borghesi et al., McLauchlin et al. and Murcko, Jr.; and

2) the rejection of claims 10, 24 and 38 for being obvious under 35 U.S.C. § 103(a) in view of Borghesi et al., McLauchlin et al. Murcko, Jr. and DiRienzo et al.

## **VII. ARGUMENT**

### **A. 35 U.S.C. § 103**

#### **1. Borghesi et al., McLauchlin et al. and Murcko, Jr.** **a. Claims 1, 43, 47, 52 and 55**

Claims 1, 43, 47, 52 and 55 were rejected in the Office Action of November 15, 2005 (hereinafter "the Office Action") under 35 U.S.C. §103 as

being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr.

Appellants traverse the rejection for several reasons. First, independent claim 1 recites a method of evaluating line item data that includes 1) “accessing from the computer network a database of excluded vendors and authorized vendors to fulfill the insurance related claim” and 2) “displaying via the computer network a list of authorized vendors and a list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade.” Regarding the recited accessing “authorized vendors to fulfill the insurance related claim, the Office Action suggests that it is “inherent” that each vendor of Borghesi et al. is “authorized” since it is merely in the computer (Office Action, P. 3, ll. 20-21). Such a suggestion ignores the fact that claim 1 requires that the list of authorized vendors correspond with the at least one line item. Using the logic of the Office Action, if Borghesi et al.’s computer contained vendors who solely repair American cars, then Borghesi et al. would consider them to be authorized to work on European cars merely because they are present in the computer. This of course is absurd and shows that there is no motivation in Borghesi et al. to access a list of authorized vendors to fulfill an insurance related claim in the manner recited in claim 1.

Borghesi et al. also does not disclose accessing a database of excluded vendors. It is noted that the Office Action has not cited one passage in Borghesi et al. that discloses the recited accessing of excluded vendors. Furthermore, the Office Action has conceded that Borghesi et al. fails to disclose the recited displaying of a list of excluded vendors (Office Action, P. 4. II. 3-6).

The Office Action has recited McLauchlin et al. as suggesting modifying Borghesi et al. to display a list of excluded vendors. The Office Action has relied on a passage at page 11, paragraph 0163 of McLauchlin et al. as suggesting the modification. The passage is set forth below:

Parties involved in the procurement management process use a Web interface to connect to information sources 44, e.g., an electronic library stored on a Web server. The Web server offers links to common acquisition information resources. These links either connect the individual with Web-based data sources maintained by outside parties, e.g., official DOL wage rate lists, SBA small business lists, debarred vendor lists, GSA resources such as GSA Advantage or Electronic Posting System, or display resources stored on the Web server, e.g., the FAR formatted in XML self-describing document format that is compatible with document generation functions of core procurement system 10 and agency-specific policies and regulations. (McLauchlin et al., P. 11, ¶ 0163).

The mention of “debarred vendor lists” should be taken into context. McLauchlin et al. regards “an integrated collaborative procurement system and,

more particularly, to a system for widely distributed users to exchange data and documents related to contractual relationships and reference data from standard information sources in a self-describing data format" (P. 1, ¶ 0002). McLauchlin et al. is silent as to line items of an insurance related claim. Since the claimed list of excluded vendors relates to the fulfilling of the insurance related claim and the claimed displayed list of excluded vendors "correspond with the at least one line item", McLauchlin et al.'s silence regarding insurance claims and line items of an insurance claim demonstrates that there is no motivation from McLauchlin et al. to alter Borghesi et al. to either access or display a database of excluded vendors in the manner recited in claim 1. Since there is also no motivation in Murcko, Jr. to alter Borghesi et al. to either access or display a database of excluded vendors as recited in claim 1, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that Borghesi et al. fails to disclose both accessing a database of authorized vendors to fulfill an insurance related claim and displaying a list of authorized vendors that correspond with the at least one line item. The Office Action recites the following passage of Borghesi et al. as disclosing the recited accessing and displaying:

automatically. Preferably, these databases are stored in a memory device such as a hard drive attached to

the computer a user is using. In one preferred embodiment the user may access an original equipment manufacturer (OEM) part database 238, a recycled part/salvage part database 240, a labor cost database 242 and an aftermarket part database 244. Suitable commercially available databases for these four databases are the MOTOR database put out by Hearst Corporation, the recycled part valuation (RPV) database of salvage parts compiled by CCC Information Services, Inc., the recycle assembly crash estimating guide (RACEG) developed by Hearst Corp, containing labor rates, and an aftermarket parts database compiled by CCC Information Services, Inc. The user may also compare the total estimate to a threshold value 246. (Borghesi et al., Col . 12, ll. 44-58).

The above passage relates to creating or editing an estimate, where several databases are accessed automatically. This is shown by the three sentences which open the paragraph that contains the above passage which states:

After creating or editing vehicle data, the user can go into the estimate tab of the workfile to create or edit an estimate. As shown in FIG. 8G, a user can either change estimate lines within the estimate 232, identify other charges such as towing or storage fees 234, or simply review the estimate totals for the car 236. When a user is editing or adding information to the estimate, several databases are accessed automatically. (Borghesi et al., Col. 12, ll. 37-44).

When the opening three sentences of the paragraph are taken into account, it is clear that the databases referred to in the passage relied on by the Office Action,

such as an OEM part database, a recycled part/salvage part database, a labor cost database, an aftermarket part database, are all accessed to generate an estimate of repairs to a vehicle, or different estimates based upon the types of replacement products that are used. These databases do not represent authorized vendors and so 1) cannot be accessed to provide an authorized vendor for fulfilling an insurance related claim and 2) cannot be used to display a list of authorized vendors corresponding with at least one line item. Since McLauchlin et al. fails to disclose any aspect of fulfilling an insurance related claim, it does not provide any motivation to alter Borghesi et al. to both access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that correspond with the at least one line item. Murcko, Jr. also fails to provide any motivation to alter Borghesi et al. to both access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that correspond with the at least one line item. Accordingly, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that Borghesi et al. fails to disclose "receiving from the computer network a selection of at least one vendor from the list of authorized vendors to fulfill the insurance related claim." The Office Action has conceded that Borghesi et al. fails to disclose the recited



“receiving” process. The Office Action recites a passage McLauchlin et al. as suggesting receiving from a computer network a selection of at least one vendor from a list of authorized vendors to fulfill an insurance related claim. The passage is given below:

(1) Registration of vendors, including the capturing of critical vendor data elements from, e.g., the vendor registration disclosure statement for federal government reporting using XML self-describing document formats. Vendors connect to the agency's or other organization's registry via the Web and register to do business with the organization. In addition to logging general vendor profile information, e.g., name, DUNS number, address, and contact, the system prompts vendors or vendor reviewers to associate the vendor with the appropriate reporting category or categories. Examples of federal reporting categories include those specified on the Federal Procurement Data System (FPDS) Summary Contract Action Report (Standard Form 281) and the FPDS Individual Contract Action Report (Standard Form 279). Data obtained from the vendor may include Contractor Identification Number, Principal Place of Performance, Type of Contractor (e.g., JWOD Nonprofit Agency, Small Disadvantaged Business), Preference Program (e.g., Buy Indian/Self-Determination, 8(a) Contract Award), Size of Small Business (i.e., number of employees or average annual gross revenue), and Type of Action (e.g., Domestic Outside U.S./Foreign). (McLauchlin et al., P. 10, ¶ 0142).

The above passage is silent as to receiving a selection of at least one vendor from a list of authorized vendors to fulfill an insurance related claim.

Furthermore, as mentioned previously McLauchlin et al. is not related to fulfilling an insurance claim. Murcko, Jr. also fails to provide any motivation to alter Borghesi et al. to receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance claims. Accordingly, the rejection of claim 1 is improper and should be withdrawn.

Claims 43, 47, 52 and 55 depend directly on claim 1 and so their rejections are improper for at least the same reasons that the rejection of claim 1 is improper.

**b. Claims 2, 3, 8, 12 and 50**

Claims 2, 3, 8, 12 and 50 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claims 2, 3, 8, 12 and 50 depend directly or indirectly on claim 1 and so their rejections are improper for the reasons as set forth above in Section VII.A.1.a.

The rejection of claim 50 is improper for the additional reason that Borghesi et al. fails to disclose executing payment of a selected at least one line item of an insurance related claim via a vendor transfer payment. The Office Action has asserted that FIG. 21 and the several passages at columns 10 and 17-19 of Borghesi et al. disclose a vendor transfer as a form of payment (Office

Action, P. 3, ll. 3-5). However, this drawing and these passages regard a process of salvaging a vehicle after the claimant has been paid (Borghesi et al., Col. 10, ll. 14-17, Col. 18, ll. 52-55). Since McLauchlin et al. and Murcko, Jr. each do not suggest altering Borghesi et al. to execute payment of a selected at least one line item of an insurance related claim via a vendor transfer payment, the rejection is improper and should be withdrawn.

Claims 2, 3, 8 and 12 depend directly or indirectly on claim 50 and so their rejections are improper for at least the same reasons that the rejection of claim 50 is improper.

**c. Claim 6**

Claim 6 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 6 depends directly on claim 50 and so its rejection is improper for the reasons as set forth above in Section VII.A.1.b.

In addition, Appellants respectfully submit that the Office Action has failed to establish a *prima facie* case of obviousness. The Office Action has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the

reference or to combine reference teachings. The Office Action has also failed to indicate how the prior art references teach or suggest authorizing a vendor transfer comprising a step of verifying a deduction, as recited in dependent claim 6. Although the Office Action has cited FIGS. 8A-8L, column 9, lines 33-42 and column 10, line 57 et seq. for disclosing the elements recited in claim 6, Appellants are unable to identify what language disclosed verifying a deduction. While there is made mention of a deductible amount in column 9, line 4, that regards the amount the insured must initially pay before the insurance company is required to pay. Since McLauchlin et al. and Murcko, Jr. fail to suggest altering Borghesi et al. to authorize a vendor transfer comprising a step of verifying a deduction, as recited in dependent claim 6, the Office Action has also failed to present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in light of the teachings of the references. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**d. Claim 7**

Claim 7 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 7 depends directly on

claim 50 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.b.

In addition, Appellants respectfully submit that the Office Action has failed to establish a *prima facie* case of obviousness. The Office Action has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. The Office Action has also failed to indicate how the prior art references teach or suggest receiving the selection of at least one line item, receiving the selection of a form of payment, and authorizing a transaction, as recited in dependent claim 7. Since McLauchlin et al. and Murcko, Jr. fail to suggest altering Borghesi et al. to receive the selection of at least one line item, receiving the selection of a form of payment, and authorizing a transaction, as recited in dependent claim 7, the Office Action has also failed to present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in light of the teachings of the references. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**e. Claim 9**

Claim 9 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 9 depends indirectly on claim 50 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.b.

In addition, Appellants respectfully submit that the Office Action has failed to establish a *prima facie* case of obviousness. The Office Action has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. The Office Action has also failed to indicate how the prior art references teach or suggest receiving checking account information, as recited in claim 9. The Office Action has failed to give any specific language in the prior art that discloses or suggest receiving checking account information. The Office Action has merely suggested that it is inherent to receive checking account information. Since McLauchlin et al. and Murcko, Jr. fail to suggest altering Borghesi et al. to receive checking account information, the Office Action has also failed to present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in

light of the teachings of the references. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**f. Claims 11 and 14**

Claims 11 and 14 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claims 11 and 14 depend directly or indirectly on claim 50 and so their rejections are improper for the reasons as set forth above in Section VII.A.1.b.

In addition, Appellants respectfully submit that the Office Action has failed to establish a *prima facie* case of obviousness. The Office Action has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. The Examiner has also failed to indicate how the prior art references teach or suggest displaying the list of authorized vendors and the at least one line item on a preauthorized payment screen; and receiving a selection of at least one preauthorized vendor from the list of authorized vendors, as recited in dependent claim 11. The Examiner has cited Fig. 16 and the text on Col. 15, line 64 et seq. and Col. 16, line 43 et seq. However, Appellants fail to see where in these citations is any language

disclosing or suggesting “authorizing a preauthorized payment comprising steps of displaying the list of authorized vendors and the at least one line item on a preauthorized payment screen; and receiving a selection of at least one preauthorized vendor from the list of authorized vendors.” Since McLauchlin et al. and Murcko, Jr. fail to suggest altering Borghesi et al. to authorize a preauthorized payment in the manner recited in claim 11, the rejection is improper and should be withdrawn.

Claim 14 depends directly on claim 11 and so its rejection is improper for at least the same reasons that the rejection of claim 11 is improper.

**g. Claim 13**

Claim 13 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 13 depends directly on claim 11 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.f.

In addition, Appellants respectfully submit that the Office Action has failed to establish a *prima facie* case of obviousness. The Office Action has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the



reference or to combine reference teachings. The Examiner has also failed to indicate how the prior art references teach or suggest receiving a selection of item categories for which payment will be made, as recited in dependent claim 13. The Examiner has made no reference in the Office Action to “item categories” as claimed by Applicants. Since McLauchlin et al. and Murcko, Jr. fail to suggest altering Borghesi et al. to receiving a selection of item categories from which payment will be made, the Examiner has also failed to present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in light of the teachings of the references. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**h. Claim 45**

Claim 45 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 45 depends directly on claim 1 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.a.

In addition, there is no suggestion to alter Borghesi et al. to receive authorization to execute payment for additional payments, adding payment

authorizations and executing a single payment of a plurality of line items in the manner recited in claim 45. The Office Action has not cited one passage in either Borghesi et al., McLauchlin et al. or Murcko, Jr. as suggesting such an alteration. Accordingly, the rejection is improper and should be withdrawn.

i. **Claim 46**

Claim 46 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 46 depends directly on claim 1 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.a.

In addition, there is no suggestion to alter Borghesi et al. to authorize repetitive payments and receiving information of at least a start date, end date, number of payments and frequency of payments. The Office Action has conceded at page 5 that neither Borghesi et al. nor McLauchlin et al. disclose such repetitive payments and receiving the cited information. The Office Action has relied on the following passage of Murcko, Jr. as suggesting receiving number of payments and frequency of payments:

b. If the average payment is low or falling, that probably means that either quality is low or falling, or that the supply of items is high or rising; the system

operator (Murcko, Jr., Col. 8, ll. 28-30)

The above passage is silent as to receiving number of payments and frequency of payments. Furthermore, Murcko, Jr. is directed to a method and apparatus that facilitate transactions between buyers and sellers (Col. 1, ll. 18-43). Nowhere is there a disclosure of payments related to insurance claims. Since Murcko, Jr. does not disclose nor suggest the repetitive payments and receiving the information recited in claim 46, the rejection is improper and should be withdrawn.

**j. Claim 48**

Claim 48 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 48 depends directly on claim 1 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.a.

In addition, there is no suggestion to alter Borghesi et al. to (i) display an add vendor interface, (ii) receiving new vendor identifying information, (iii) receiving vendor authorization data, or (iv) incorporating the new vendor into the database of authorized vendors. The Office Action has conceded at page 5 that neither Borghesi et al. nor McLauchlin et al. disclose the recited procedures

regarding displaying, receiving and incorporating. The Office Action has relied on the following passage of Murcko, Jr. as suggesting the recited procedures regarding displaying, receiving and incorporating:

Referring to FIG. 21, there is described one embodiment of Seller Login form 2100, through which sellers enter their Name (2010 in FIG. 20) and Password (2012 in FIG. 20) in order to log in to the system (2102). The Sellers database is checked to confirm that the Name and Password that have been entered correspond to a registered seller. If login is successful, they can perform a variety of activities such as: click on Seller Searches For Buyers link 2104 to go to Seller Searches For Buyers form 2200; click on Seller Provides Item link 2106 to go to Seller Provides Item form 2300; click on Seller Views Items link 2108 to go to Seller Views Items page 2400; and click on Seller Account Information link 2110 to go to Seller Account Information page 2500. In one embodiment, the seller can also click on Top Listings link 2112 to go to Top Listings page 2800. Update Registration Information 2114 enables the seller to change some of the registration information he/she entered upon initially joining the system. In some embodiments, various other information which would be of use to sellers is included on this page. (Murcko, Jr., Col. 32, ll. 1-19)

The above passage is silent as to the recited procedures regarding displaying, receiving and incorporating. Furthermore, Murcko, Jr. is directed to a method and apparatus that facilitate transactions between buyers and sellers (Col. 1, ll. 18-43). Nowhere is there a disclosure of payments related to insurance claims. Since Murcko, Jr. does not disclose nor suggest the

procedures regarding displaying, receiving and incorporating cited in claim 48, the rejection is improper and should be withdrawn.

**k. Claim 51**

Claim 51 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 51 depends directly on claim 50 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.b.

In addition, there is no suggestion to alter Borghesi et al. to indicate how the prior art references teach or suggest allowing vendor transfer or preauthorized payment only when vendor data indicates the at least one vendor has the preferred status, as recited in claim 51. The Office Action has conceded at page 5 that neither Borghesi et al. nor McLauchlin et al. disclose the recited allowing vendor transfer or preauthorized payment. The Office Action has relied on the phrase "item was judged by the buyer to be truly exceptional" at column 24, line 65 of Murcko, Jr. as suggesting the recited process. The passage does not relate to vendor transfer or preauthorized payment regarding an insurance claim. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

I. **Claim 15**

Claim 15 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection. Claim 15 recites a system that includes a memory that includes a stored program that includes instructions for 1) “accessing a database of vendors having a list of authorized vendors and a list of excluded vendors to fulfill the insurance related claim” and 2) “displaying the list of authorized vendors and the list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade.” For reasons similar to those given in Section VII.A.1.a, there is no motivation in either McLauchlin et al. or Murcko, Jr. to alter Borghesi et al. to have a stored program that includes instructions that either access or display a database of excluded vendors as recited in claim 15. Accordingly, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that neither McLauchlin et al. nor Murcko, Jr. suggest altering Borghesi et al. to have a stored program that includes instructions that access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that

correspond with the at least on line item. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.a.

The rejection is improper for the additional reason that McLauchlin and Murcko, Jr. each fails to suggest altering Borghesi et al. to have a stored program that includes instructions to receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance claim. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.a.

**m. Claims 16, 17, 22, 26 and 53**

Claims 16, 17, 22, 26 and 53 were rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al. Appellants traverse the rejection for several reasons. First, claims 16, 17, 22, 26 and 53 depend directly or indirectly on claim 15 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.I.

In addition, the subject matter of claim 53 corresponds to that recited in claim 50 and so for reasons similar to those given above in Section VII.A.1.b. McLauchlin et al. and Murcko, Jr. each fails to suggest altering Borghesi et al. to have a stored program that includes instructions to execute payment of a selected at least one line item of an insurance related claim via a vendor transfer

payment. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.b.

Claims 16, 17, 22 and 26 depend directly or indirectly on claim 53 and so their rejections are improper for at least the same reasons that the rejection of claim 53 is improper.

**n. Claim 20**

Claim 20 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 20 depends directly on claim 53 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.m.

In addition, the subject matter of claim 20 corresponds to that recited in claim 6 and so for reasons similar to those given above in Section VII.A.1.c, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to authorize a vendor transfer comprising a step of verifying a deduction, as recited in dependent claim 20. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.



**o. Claim 21**

Claim 21 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 21 depends directly on claim 53 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.m.

In addition, the subject matter of claim 21 corresponds to that recited in claim 7 and so for reasons similar to those given above in Section VII.A.1.d, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to receive the selection of at least one line item, receiving the selection of a form of payment, and authorizing a transaction, as recited in dependent claim 21. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**p. Claim 23**

Claim 23 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 23 depends indirectly on claim 53 and so the rejection is improper for the reasons as set forth above in

Section VII.A.1.m.

In addition, the subject matter of claim 23 corresponds to that recited in claim 9 and so for reasons similar to those given above in Section VII.A.1.e, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to receive checking account information. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**q. Claims 25 and 28**

Claims 25 and 28 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claims 25 and 28 depend directly or indirectly on claim 53 and so their rejections are improper for the reasons as set forth above in Section VII.A.1.m.

In addition, the subject matter of claim 25 corresponds to that recited in claim 11 and so for reasons similar to those given above in Section VII.A.1.f, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to authorize a preauthorized payment in the manner recited in claim 25. Accordingly, the rejection is improper and should be withdrawn.

Claim 28 depends directly on claim 25 and so its rejection is improper for at least the same reasons that the rejection of claim 25 is improper.

**r. Claim 27**

Claim 27 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 27 depends directly on claim 53 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.m.

In addition, the subject matter of claim 27 corresponds to that recited in claim 13 and so for reasons similar to those given above in Section VII.A.1.g, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to receive a selection of item categories for which payment will be made, as recited in dependent claim 27. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**s. Claim 29**

Claim 29 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection. Claim 29 recites a computer readable medium containing instructions

for 1) “accessing a database of excluded vendors and authorized vendors to fulfill the insurance related claim” and 2) “displaying a list of authorized vendors and a list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade.” For reasons similar to those given in Section VII.A.1.a, there is no motivation in either McLauchlin et al. or Murcko, Jr. to alter Borghesi et al. to either access or display a database of excluded vendors as recited in claim 29. Accordingly, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that neither McLauchlin et al. nor Murcko, Jr. suggest altering Borghesi et al. to have a computer readable medium containing instructions for accessing a database of authorized vendors to fulfill an insurance related claim and displaying a list of authorized vendors that correspond with the at least on line item. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.a.

The rejection is improper for the additional reason that McLauchlin and Murcko, Jr. each fails to suggest altering Borghesi et al. to have a computer

readable medium containing instructions to receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance related claim. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.a.

**t. Claims 30, 31, 36, 40 and 54**

Claims 30, 31, 36, 40 and 54 were rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al. Appellants traverse the rejection for several reasons. First, claims 30, 31, 36, 40 and 54 depend directly or indirectly on claim 29 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.s.

In addition, the subject matter of claim 54 corresponds to that recited in claim 50 and so for reasons similar to those given above in Section VII.A.1.b. McLauchlin et al. and Murcko, Jr. each fail to suggest altering Borghesi et al. to have a computer readable medium containing instructions to receive execute payment of a selected at least one line item of an insurance related claim via a vendor transfer payment. Accordingly, the rejection is improper for reasons similar to those given previously given in Section VII.A.1.b.

**u. Claim 34**

Claim 34 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 34 depends directly on claim 54 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.t.

In addition, the subject matter of claim 34 corresponds to that recited in claim 6 and so for reasons similar to those given above in Section VII.A.1.c, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a computer readable medium includes instructions to authorize a vendor transfer comprising a step of verifying a deduction, as recited in dependent claim 34. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**v. Claim 35**

Claim 35 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 35 depends directly on claim 54 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.t.

In addition, the subject matter of claim 35 corresponds to that recited in claim 7 and so for reasons similar to those given above in Section VII.A.1.d, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a program includes instructions to receive the selection of at least one line item, receiving the selection of a form of payment, and authorizing a transaction, as recited in dependent claim 35. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**w. Claim 37**

Claim 37 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 37 depends indirectly on claim 54 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.t.

In addition, the subject matter of claim 37 corresponds to that recited in claim 9 and so for reasons similar to those given above in Section VII.A.1.e, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a computer readable medium includes instructions to receive checking account information.

Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**x. Claim 39**

Claim 39 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 39 depends directly on claim 54 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.t.

In addition, the subject matter of claim 39 corresponds to that recited in claim 11 and so for reasons similar to those given above in Section VII.A.1.f, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that a computer readable medium includes instructions to authorize a preauthorized payment in the manner recited in claim 39. Accordingly, the rejection is improper and should be withdrawn.

**y. Claim 41**

Claim 41 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 41 depends directly on



claim 54 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.t.

In addition, the subject matter of claim 41 corresponds to that recited in claim 13 and so for reasons similar to those given above in Section VII.A.1.g, the Office Action has failed to present any credible argument that either McLauchlin et al. or Murcko, Jr. suggest altering Borghesi et al. so that computer readable medium includes instructions to receive a selection of item categories for which payment will be made, as recited in dependent claim 41. Accordingly, for the reasons set forth above, the rejection is improper and should be withdrawn.

**z. Claim 44**

Claim 44 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Applicants traverse the rejection. Claim 44 recites a method that includes 1) “accessing a database of vendors having a list of excluded vendors and authorized vendors to fulfill the insurance related claim” and 2) “comparing the list of authorized vendors and the list of excluded vendors with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade.” For reasons similar to those given in Section VII.A.1.a, there is no

motivation in either McLauchlin et al. or Murcko, Jr. to alter Borghesi et al. to access a database of excluded vendors as recited in claim 44. Accordingly, the rejection is improper and should be withdrawn.

For reasons similar to those given in Section VII.A.1.a, there is no motivation in either McLauchlin et al. or Murcko, Jr. to alter Borghesi et al. to access a database of authorized vendors to fulfill an insurance related claim. excluded vendors as recited in claim 44. Accordingly, the rejection is improper and should be withdrawn.

For reasons similar to those given in Section VII.A.1.a, there is no motivation in either McLauchlin et al. or Murcko, Jr. to alter Borghesi et al. to receive a selection from a computer network of at least vendor from a list of authorized vendors that corresponds with an at least one item to fulfill an insurance related claim. access a database of excluded vendors as recited in claim 44. Accordingly, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that Borghesi et al. fails to disclose comparing separate lists of authorized and excluded vendors with at least one line item. It is noted that the Office Action has not cited one passage in Borghesi et al. that discloses the recited comparing. Since neither McLauchlin et al. nor Murcko, Jr. suggest altering Borghesi et al. to compare separate lists of

authorized and excluded vendors with at least one line, the rejection is improper and should be withdrawn.

**aa. Claim 49**

Claim 49 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Borghesi et al., McLauchlin et al. and Murcko, Jr. Appellants traverse the rejection for several reasons. First, claim 49 depends directly on claim 44 and so the rejection is improper for the reasons as set forth above in Section VII.A.1.z.

Appellants respectfully submit that the Examiner has failed to establish a *prima facie* case of obviousness. Neither reference discloses enabling the selection of the availability of an upgrade. The Examiner has failed to indicate some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. The Examiner has also failed to indicate how the prior art references teach or suggest enabling the selection of the availability of an upgrade. The Examiner has merely stated that Borghesi discloses “upgrade availability” and relies on the passage at column 14, line 23. However, Appellants have been unable to find any reference to the availability of an upgrade in the section cited by the Examiner. The Examiner has also failed

to present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in light of the teachings of the references. Accordingly, for the reasons set forth above, Appellants respectfully submit that the Examiner has failed to provide a *prima facie* case of obviousness.

**2.     Borghesi et al., McLauchlin et al.,  
          Murcko, Jr. and DiRienzo et al.**

**a.     Claim 10**

Claim 10 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al., Murcko, Jr. and DiRienzo et al. Claim 10 depends indirectly on claim 1. DiRienzo et al. does not cure the deficiencies of Borghesi et al., McLauchlin et al. and Murcko, Jr. since it does not suggest altering Borghesi et al. to either 1) access or display a database of excluded vendors as recited in claim 1, 2) both access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that correspond with the at least on line item or 3) receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance claim. Accordingly, the rejection is improper and should be withdrawn.

**b. Claim 24**

Claim 24 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al., Murcko, Jr. and DiRienzo et al. Claim 24 depends indirectly on claim 15. DiRienzo et al. does not cure the deficiencies of Borghesi et al., McLauchlin et al. and Murcko, Jr. since it does not suggest altering Borghesi et al. to have a stored program including instructions to either 1) access or display a database of excluded vendors as recited in claim 15, 2) access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that correspond with the at least on line item or 3) receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance claim. Accordingly, the rejection is improper and should be withdrawn.

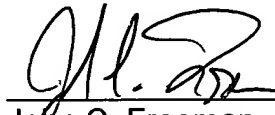
**c. Claim 38**

Claim 38 was rejected under 35 U.S.C. § 103 as being obvious in view of Borghesi et al., McLauchlin et al., Murcko, Jr. and DiRienzo et al. Claim 38 depends indirectly on claim 29. DiRienzo et al. does not cure the deficiencies of Borghesi et al., McLauchlin et al. and Murcko, Jr. since it does not suggest altering Borghesi et al. to have a computer readable medium having instructions to either 1) access or display a database of excluded vendors as recited in claim

38, 2) access a database of authorized vendors to fulfill an insurance related claim and display a list of authorized vendors that correspond with the at least on line item or 3) receive a selection of at least vendor from a list of authorized vendors to fulfill an insurance claims. Accordingly, the rejection is improper and should be withdrawn.

For the reasons give above, Appellants respectfully submit that the rejections should be withdrawn and the claims should be allowed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J.C. Freeman', is written over a horizontal line.

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## **VIII. CLAIMS APPENDIX**

1. A method of evaluating line item data, the method comprising:
  - displaying via a display of a computer network at least one line item of an insurance related claim presented to an insurer;
  - accessing from the computer network a database of excluded vendors and authorized vendors to fulfill the insurance related claim;
  - displaying via the computer network a list of authorized vendors and a list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade;
  - accessing from the computer network vendor data associated with the list of authorized vendors and the list of excluded vendors;
  - receiving from the computer network a selection of at least one vendor from the list of authorized vendors to fulfill the insurance related claim;
  - and
  - receiving authorization from a claim handler to execute payment of the selected at least one line item of the insurance related claim.

2. The method of claim 50 wherein the authorizing a direct payment comprises receiving an amount for a direct payment.

3. The method of claim 50 wherein the authorizing a direct payment comprises communicating with a back office system to issue a payment to a claimant.

5. The method of Claim 50 wherein the authorized vendors are vendors that allow an upgrade and the executed payment is the vendor transfer, and wherein the receiving authorization further comprises receiving a selection of the availability of the upgrade.

6. The method of claim 50 wherein the executed payment is the vendor transfer, and wherein the receiving authorization further comprises verifying a deduction.

7. The method of claim 50 wherein the receiving authorization comprises:

receiving the selection of at least one line item;  
receiving the selection of a form of payment; and  
authorizing the transaction.



8. The method of claim 7 wherein the receiving authorization comprises receiving a form of payment selected from the group consisting of a check and an electronic funds transfer.

9. The method of claim 8 wherein the receiving the form of payment comprises receiving a check and further comprises receiving checking account information.

10. The method of claim 8 wherein the receiving the form of payment comprises receiving an electronic funds transfer and further comprises receiving electronic funds transfer information.

11. The method of claim 50 wherein the executed payment is the preauthorized payment and the receiving authorization further comprises:

displaying the list of authorized vendors and the at least one line item on a preauthorized payment screen; and

receiving a selection of at least one preauthorized vendor from the list of authorized vendors.

12. The method of claim 11 further comprising receiving a threshold amount for which payment will not exceed.

13. The method of claim 11 further comprising receiving a selection of item categories for which payment will be made.

14. The method of claim 11 further comprising receiving a date range for which payment will be made.

15. A system for evaluating line item data, comprising:  
a processor for executing programs; and  
a memory for storing a program executable by the processor, the stored program including instructions for (i) displaying at least one line item of an insurance related claim presented to an insurer; (ii) accessing a database of vendors having a list of authorized vendors and a list of excluded vendors to fulfill the insurance related claim; (iii) displaying the list of authorized vendors and the list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status, franchised vendors, or vendors that allow an upgrade; (iv) accessing vendor data associated with the list of authorized vendors and the list of excluded vendors; (v) receiving a selection of at least one vendor from the list of authorized vendors to fulfill the insurance related claim; and (vi) receiving authorization from a claim handler to execute payment of the selected at least one line item of the insurance related claim.

16. The system of claim 53 wherein the payment is the direct payment and the receiving authorization further includes receiving an amount for the direct payment.

17. The system of claim 53 wherein the payment is the direct payment and the receiving authorization further includes communicating with a back office system to issue payment to a claimant.

19. The system of Claim 53 wherein the authorized vendors are vendors that allow an upgrade and the executed payment is the vendor transfer, and wherein the receiving authorization includes receiving a selection of an availability of the upgrade.

20. The system of claim 53 wherein the executed payment is the vendor transfer, and wherein the receiving authorization includes verifying a deduction.

21. The system of claim 53 wherein the receiving authorization includes (i) receiving the selection of at least one line item; (ii) receiving the selection of a form of a payment; and (iii) authorizing the transaction.

22. The system of claim 21 wherein receiving the selection of a form of payment includes receiving a form of payment selected from the group consisting of a check and an electronic funds transfer.

23. The system of claim 22 wherein the form of payment is the check and the receiving a form of payment further includes receiving checking account information.

24. The system of claim 22 wherein the form of payment is the electronic fund transfer and the receiving a form of payment further includes receiving electronic funds transfer information.

25. The system of claim 53 wherein the payment is the preauthorized payment and the receiving authorization includes: (i) displaying the list of authorized vendors and the at least one line item on a preauthorized payment screen; and (ii) receiving a selection of at least one preauthorized vendor from the list of authorized vendors.

26. The system of claim 25 wherein the stored program further includes instructions for receiving a threshold amount for which payment will not exceed.

27. The system of claim 25 wherein the stored program further includes instructions for receiving a selection of item categories for which payment will be made.

28. The system of claim 25 wherein the stored program further includes instructions for receiving a date range for which payment will be made.

29. A computer readable medium containing instructions for controlling a computer system to perform a method for evaluating line item data, the method comprising:

- displaying at least one line item of an insurance related claim presented to an insurer;

- accessing a database of excluded vendors and authorized vendors to fulfill the said insurance related claim;

- displaying a list of authorized vendors and a list of excluded vendors that correspond with the at least one line item, wherein the authorized vendors are selected from the group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade;

- accessing vendor data associated with the list of authorized vendors and the list of excluded vendors;

receiving a selection of at least one vendor from the list of authorized vendors to fulfill the insurance related claim; and

receiving authorization from a claim handler to execute payment of the selected at least one line item of the insurance related claim.

30. The computer readable medium of claim 54 wherein the payment is the direct payment and wherein the receiving authorization comprises receiving an amount for a direct payment.

31. The computer readable medium of claim 54 wherein the payment is the direct payment and wherein the receiving authorization comprises communicating with a back office system to issue payment to a claimant.

33. The computer readable medium of Claim 54 wherein the payment is the vendor transfer and the vendors with a preferred status are the vendors that allow the upgrade, and wherein the receiving authorization further comprises receiving a selection of the availability of the upgrade.

34. The computer readable medium of claim 54 wherein the payment is the vendor transfer and wherein the receiving authorization further comprises verifying a deduction.

35. The computer readable medium of claim 54 wherein the receiving authorization comprises:

receiving the selection of at least one line item;  
receiving the selection of a form of payment; and  
authorizing the transaction.

36. The computer readable medium of claim 35 wherein the receiving authorization comprises receiving a form of payment selected from the group consisting of a check and an electronic funds transfer.

37. The computer readable medium of claim 36 wherein the the form of payment is the check and the receiving a form of payment further comprises receiving checking account information.

38. The computer readable medium of claim 36 wherein the the form of payment is the electronic fund transfer and the receiving a form of payment further comprises receiving electronic funds transfer information.

39. The computer readable medium of claim 54 wherein the receiving authorization comprises:

displaying the list of authorized vendors and the at least one line item on a preauthorized payment screen; and

receiving a selection of at least one preauthorized vendor from the list of authorized vendors.

40. The computer readable medium of claim 39 further comprising receiving a threshold amount for which payment will not exceed.

41. The computer readable medium of claim 39 further comprising receiving a selection of item categories for which payment will be made.

42. The computer readable medium of claim 39 further comprising receiving a date range for which payment will be made.

43. The method of claim 1 further comprising performing an update of the database of authorized vendors.

44. A method of evaluating line item data, the method comprising:  
displaying via a display of a computer network at least one line item of an insurance related claim presented to an insurer;  
accessing from the computer network a database having a list of excluded vendors and authorized vendors to fulfill the insurance related claim;  
comparing the list of authorized vendors and the list of excluded vendors with the at least one line item, wherein the authorized vendors are selected from the



group consisting of vendors with a preferred status as determined by the insurer, franchised vendors, and vendors that allow an upgrade;

displaying via the computer network vendor data on the availability of the upgrade for the at least one line item;

receiving from the computer network a selection of at least one vendor from the list of authorized vendors that corresponds with the at least one line item to fulfill the insurance related claim; and

receiving authorization from a claim handler to execute at least one payment of the selected at least one line item of the insurance related claim.

45. The method of claim 1 further comprising receiving authorization to execute payment for additional line items, adding payment authorizations associated with one payee, and executing a single payment of a plurality of line items to the payee.

46. The method of claim 1 wherein the authorization is for repetitive payments, and receiving information of at least one of start date, end date, number of payments and frequency of payments.

47. The method of claim 1 further comprising maintaining the database of authorized vendors by updating the vendor data selected from the group

consisting of a bill paying score, vendor performance data, vendor financial health, vendor preferred status, vendor complaint data, vendor relationship level, vendor products and vendor services.

48. The method of claim 1 further comprising displaying an add vendor interface receiving identifying information regarding a new vendor, receiving vendor authorization data, and incorporating the new vendor into the database of authorized vendors.

49. The method of claim 44 wherein the at least one vendor is selected based on the availability of the upgrade of the at least one line item.

50. The method of claim 1 wherein authorization is for a payment in a form selected from the group consisting of a direct payment, vendor transfer, line item payment, and preauthorized payment.

51. The method of claim 50 further comprising allowing vendor transfer or preauthorized payment only when vendor data indicates the at least one vendor has the preferred status.

52. The method of claim 1 further comprising receiving at least one line item in a central database.

53. The system of claim 15 wherein the authorization is for a payment in a form selected from the group consisting of direct payment, vendor transfer, line item payment, and preauthorized payment.

54. The computer readable medium of claim 29 wherein the authorization is for a payment in a form selected from the group consisting of a direct payment, vendor transfer, line item payment, and preauthorized payment.

55. The method of claim 1 wherein the vendor data information includes at least one of: names associated with the list of authorized vendors, addresses associated with the list of authorized vendors, types of products associated with the list of authorized vendors, types of supplies associated with the list of authorized vendors, phone numbers associated with the list of authorized vendors, electronic mail address associated with the list of authorized vendors, tax ID numbers associated with the list of authorized vendors and types of organizations associated with the list of authorized vendors.

IX. **EVIDENCE APPENDIX**

None.

X. **RELATED PROCEEDINGS APPENDIX**

None.